



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |  |                          |     |
|--|--------------------|--|--|--------------------------|-----|
| 1. Entity ID No.<br><b>153335</b>  |                    | 2. Exact name of the limited liability company<br><b>Atwood Medical Properties, LLC</b>  |  |                          |     |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Current activity is ownership of real property in Johnston, RI</b> |  |                          |     |
| 5. Principal office address<br><b>100 MLK Jr. Blvd, f/k/a 100 Central St., PO Box 646</b>  |                    | City<br><b>Worcester</b>   | State<br><b>MA</b>                           | Zip<br><b>01613-0646</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>  |                    |  |  |                          |     |
| Contact Name<br><b>Philip Shwachman</b>  |                    |  | Contact Title<br><b>President of Manager</b> |                          |     |
| Street Address<br><b>100 MLK Jr. Blvd, f/k/a 100 Central St., PO Box 646</b>   |                    | City<br><b>Worcester</b>   | State<br><b>MA</b>                           | Zip<br><b>01613-0646</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X BOX FOR ATTACHMENT)</b> |                    |  |  |                          |     |
| Manager Name<br><b>First American Realty, Inc.</b>   |                    |  | Manager Name                                 |                          |     |
| Street Address<br><b>100 MLK Jr. Blvd, f/k/a 100 Central St., PO Box 646</b>   |                    |  | Street Address                               |                          |     |
| City<br><b>Worcester</b>   | State<br><b>MA</b> | Zip<br><b>01613-0646</b>   | City   | State                    | Zip |
| Manager Name   |                    |  | Manager Name                                 |                          |     |
| Street Address   |                    |  | Street Address                               |                          |     |
| City   | State              | Zip  | City   | State                    | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>   |                    |  |  |                          |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                              |                    |  |  |                          |     |

**FILED**

**AUG 29 2012**

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File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Philip Shwachman* **8/24/12**  
 Signature of Authorized Person Date

**Philip Shwachman**  
 Print or Type Name of Authorized Person